



Department of  
**Finance and  
Personnel**

[www.dfpni.gov.uk](http://www.dfpni.gov.uk)

Northern Ireland Civil Service  
**Mental Illness**

**Guidance**

**2009**



changing  
for the  
**better**

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# Section 1

## Introduction

- 1.1 The purpose of this guidance document is:
- To promote a greater awareness of mental illness (Section 2);
  - To advise employees, colleagues and line managers on how to proactively support those with mental illness (Section 3); and
  - To provide information on support and other services available for employees who may be suffering from mental illness (Section 4).

**The NICS is committed to raising awareness of mental illness and ensuring a supportive and participative environment at work for all employees.**

- 1.2 According to the 2008/2009 NICS sickness absence report, published by the Northern Ireland Statistics and Research Agency (NISRA), Anxiety/Stress/Depression/Other Psychiatric Illnesses accounted for 26.7% of working days lost. Absences in this category tended to be long-term lasting an average of 41.6 days.
- 1.3 Psychiatric/psychological illnesses accounted for the largest proportion of working days lost among staff at all grade levels (with the exception of staff at Grade 5 and above), both genders and all ages.
- 1.4 The Northern Ireland Association for Mental Health reports that across Northern Ireland, mental disorder counts for over 3 million working days lost annually. It has been estimated that 30-40% of all sickness absence from work is due to some form of mental or emotional disturbance.
- 1.5 It is therefore important that individuals can recognise the signs of mental illness and Section 2 provides information on the most common types of mental illness. It is equally important that colleagues and line managers feel informed and empowered to provide appropriate support in the workplace and this is covered in Section 3.

# Section 2

## Raising Awareness

### 1. What is Mental Illness?

- The term mental illness is used to describe a broad range of clinically diagnosed mental and emotional conditions.
- Mental illness may affect an individual's thoughts, feelings and behaviour.
- Mental illnesses vary in severity – some require short-term treatment while others require long-term or life-long treatment.
- Mental illness can affect people of all ages and walks of life.

### 2. What are the Causes of Mental Illness?

- 2.1 Mental illness is believed to arise as a result of a number of different factors, as described below:
- Physical factors such as alcohol or drug misuse or following serious head injury;
  - Social & environmental factors including suffering of traumatic experiences (death, divorce, victim of crime etc); and
  - Genetic factors that may lead to a predisposition towards certain illnesses.
- 2.2 For many people, it is often not a single factor or type of factor that has led to the development of mental illness. It is the case that a series of events have occurred, that have eventually triggered mental illness.
- 2.3 Emotional upset is a natural response to a temporary stressor. Generally speaking we are able to recover quickly from a disappointment or short-term pressure. This is part of everyday life and most of the time we have inner resources that help us deal with the difficulty at the time, reflect on its impact afterwards and learn from the experience.



### 3. Types of Mental Illness

Some of the most commonly diagnosed mental illnesses are described below.

- Depression
- Anxiety Disorders
- Schizophrenia
- Bipolar (Manic Depression)
- Anorexia/Bulimia.

#### 3.1 Depression

Everyone experiences changes in their mood from time to time. For some of us this is a constant occurrence over a prolonged period of time.

Depression is a mood state that is characterised by significant lowered mood and a loss of interest or pleasure in activities that are normally enjoyable. Such depressed mood is a common and normal experience in the population.

However, a major depressive episode can be distinguished from this 'normal' change in mood by its severity, persistence, duration and the presence of characteristic symptoms. The most common emotional, behavioural and physical symptoms of a major depressive episode are:

- Markedly depressed mood
- Loss of interest/enjoyment
- Reduced self esteem/self confidence
- Feelings of guilt/worthlessness
- Bleak/pessimistic views of the future
- Ideas / acts of self-harm / suicide
- Disturbed sleep
- Disturbed appetite
- Decreased libido
- Reduced energy leading to fatigue/diminished activity
- Reduced concentration/attention.

#### 3.2 Anxiety

Suffering from an anxiety disorder is not a matter of being too anxious. The experience of anxiety is very normal – moderate levels of anxiety may improve performance and even high

levels of anxiety may be appropriate when they are consistent with the demands of the situation. For example, moderate levels of anxiety prior to a presentation, job interview will increase alertness and performance while high arousal in situations where real danger is present will enable individuals to act very quickly to escape from danger.

However, severe anxiety is not helpful and can rob capacity to take in new information, plan an appropriate response and carry out complex activities.

Individuals with anxiety disorders have specific and recurring fears that they recognise as being irrational or unrealistic and intrusive. The following tables set out in more detail the nature of some of the more common specific disorders and the associated symptoms:

<b>Disorder</b>	<b>Symptoms and Specific Concerns</b>
<b>Panic Disorder</b>	Individuals experience recurrent and unexpected panic attacks which are followed by persistent concern about having another panic attack or concern about the implications of the panic attacks (e.g. that they are going to die or go mad).
<b>Agoraphobia (with or without panic disorder)</b>	Individuals are anxious about being in a situation from which escape may be difficult or embarrassing, or in which help may not be easily available should panic attack or panic-like symptoms occur. The anxiety usually leads to avoidance of certain situations (e.g. crowded places, travelling alone).
<b>Social Phobia</b>	Individuals are anxious about being scrutinised or evaluated by others in case they do something humiliating or show obvious symptoms of anxiety. The anxiety usually leads to avoidance of certain situations (e.g. eating, speaking or writing in front of others, social gatherings).
<b>Specific Phobia</b>	Individuals have a persistent and irrational fear of a particular object or situation e.g. claustrophobia (fear of enclosed spaces) or an animal or height phobia. The fear usually leads to avoidance of those objects or situations.
<b>Generalised Anxiety Disorder</b>	Individuals worry excessively and persistently about a number of areas of their lives including their family, health, job or finances.
<b>Obsessive Compulsive Disorder</b>	Individuals experience unpleasant and intrusive obsessional thoughts that are difficult to control (e.g. concern about contaminating or harming themselves or family). The obsessional thoughts often lead to uncontrollable compulsive rituals (e.g. cleaning, checking, counting).

Some individuals may experience disorders related to a distinct stressor:

Disorder	Symptoms and Specific Concerns
<b>Acute Stress Reaction</b>	Following a traumatic event, individuals experience a short-term reaction (days) that may involve a disorientation, anxiety, amnesia, agitation and withdrawal.
<b>Post-traumatic Stress Disorder</b>	Individuals experience long-lasting anxiety about memories of a previous severe traumatic event and may experience nightmares, flashbacks, and avoidance of cues that act as reminders of the traumatic event.
<b>Adjustment Disorder</b>	Individuals experience a short-lived period of distress and emotional disturbance following a significant life change or stressor (e.g. bereavement, divorce, job loss, illness).

In addition, individuals may experience physical somatic complaints as a result of specific and recurring fears about their health. Somatoform disorders are not anxiety disorders but are associated with high levels of anxiety:

Disorder	Symptoms and Specific Concerns
<b>Unexplained Somatic Complaints</b>	Individuals present with single or multiple symptoms, many of which have no medical explanation. If the problem is severe or long-standing, somatisation disorder may be diagnosed.
<b>Hypochondriacal Disorder</b>	Individuals are preoccupied with the belief or fear that they have a serious physical illness. the preoccupation occurs despite medical reassurance.

### 3.3 Schizophrenia

Schizophrenia is a mental illness that affects about 7-8 people per 1000 in the population.

Schizophrenia can be thought of in terms of experiencing episodes during which reality is perceived differently. This might mean hallucinating; seeing or hearing things that others do not, or having delusions where a person has unfounded beliefs that they are perhaps being persecuted or that they are famous.

The first acute episode where symptoms of schizophrenia are experienced can be a devastating experience, particularly as both the person experiencing the illness and their family and friends will be unprepared. The highest incidence of first experience of an episode is in the late teens and early 20's, which is a time of change anyway, making it difficult to understand what is happening to a relative or friend who is developing schizophrenia.

When severe, an acute episode of experiencing symptoms can lead to intense panic, anger, depression, elation or over activity, perhaps punctuated by periods of withdrawal. It is not surprising that other people, particularly family and friends find the changes incomprehensible and are themselves devastated.

Whilst these episodes can be difficult to deal with, there are treatments to help relieve these symptoms, and most people will be able to function normally for long periods at a time.

About a quarter of people who develop schizophrenia recover within five years, and go on to lead a normal life. Approximately two-thirds of those who develop the condition experience fluctuating symptoms over many years, which is difficult but can be managed. About ten to fifteen percent experience severe long term incapacity.

One common misconception is that schizophrenia is related to the idea of 'split personality'. In fact 'multiple personality', the correct term, is very rare and has nothing to do with schizophrenia (it is now called Dissociative Identity Disorder).

The recent discovery of new forms of treatment may lead to further improvement in rates of recovery, particularly if everyone involved, for instance, both the person with schizophrenia and their family or partner, learns to understand how to manage the illness and cope with the stress that the experience can cause.

### 3.4 **Bipolar (Manic depression)**

Bi-polar disorder is a cyclical disorder characterised by mood disturbance with episodes of either high mood (mania), depression or mixed episodes. It is sometimes referred to as manic depression. With bi-polar disorder, sufferers experience mood swings that are far beyond what most people ever experience in the course of their lives. These mood swings may be low, as in depression, or high when the individual might feel very elated. These high periods are known as 'manic' phases.

Symptoms of Mania may include:

- Elevated mood (sometimes accompanied by irritability)
- Grandiose ideas and inflated self-esteem
- Increased energy and activity
- Racing thoughts
- Rapid speech
- Disinhibition
- Impulsive behaviours
- Decreased need for sleep
- Poor concentration and attention
- Delusions or hallucinations
- Increased sociability.



### 3.5 **Anorexia Nervosa/Bulimia Nervosa**

Anorexia nervosa and bulimia nervosa are the two main eating disorders. Individuals with anorexia have extreme weight loss as a result of very strict dieting. Some individuals may also make themselves sick, abuse laxatives or do excessive exercise to try and lose weight. In spite of this extreme weight loss, sufferers of anorexia believe they are fat and are terrified of becoming what is in fact a normal weight or shape.

Individuals with bulimia nervosa crave food and binge eat, though they are not emaciated. Afterwards they make themselves sick or misuse laxatives to get the food out of their bodies. Sufferers are very afraid of becoming fat.

#### 4. How can Mental Illness be Treated?

Treatment of a mental illness may involve the following:

- GP Consultations
- Contact with Community Mental Health Team
- Consultant Psychiatrist input
- Clinical Psychologist
- Therapy, including counselling, cognitive behavioural therapy, group therapy and art therapy
- Hospital admission.



# Section 3

## Providing Support

### 1. Understanding Mental Illness

- 1.1 Being a sufferer of a mental illness can lead to being misunderstood and becoming isolated from others. Relatives, work colleagues and line managers of someone with a mental illness can provide support.
- 1.2 The first step towards support is to understand how the illness affects an individual. This may be through reading about the illness or asking the individual (when appropriate) how the illness impacts on their life.
- 1.3 Mental illness can affect an individual's behaviour. Sometimes this behaviour is as a result of the individual's distorted thinking process or how they are feeling at the time. It is helpful to understand behaviour as a symptom of being unwell. Sometimes the individual is not fully aware of what behaviours they display while they are unwell. Another supportive role is to allow time to reflect back to the individual how they came across and check if this was their intention. This allows the individual and those around them to further recognise and understand the impact of the illness. It is important to note that usually only when the individual is unwell or in relapse that their behaviour may be inappropriate.
- 1.4 The following table sets out some of the main symptoms and behaviours that may be apparent.

<b>Agitation</b>	Irritable, argumentative, dismissive, impatient.
<b>Irrational fears</b>	Continuous anxiety about nothing or feelings out of proportion to the cause.
<b>Suspicion and mistrust</b>	A feeling that the world is full of dishonest, conniving people, that people are trying to take advantage of them.
<b>Negativity</b>	Long periods of feeling down, feeling that nothing is worthwhile or really matters.
<b>Indecisiveness</b>	"Opting out", difficulty making decisions.

<b>Disorganised</b>	Poor time-keeping, missing or cancelling prior engagements, missing deadlines without explanations, errors in work.
<b>Emotional</b>	Easily upset, inappropriate outbursts.
<b>Procrastination</b>	Putting off dealing with issues.
<b>Avoidance</b>	Quiet demeanour, less interactive with colleagues, less assertive.
<b>Somatisation</b>	Worrying about minor ailments, experiencing imaginary symptoms of illness.

## 2. Supporting someone with a Mental Illness

2.1 Supporting a work colleague or member of staff with a mental illness can be difficult. Even if a member of staff does not themselves mention it, we can often notice if something is not as it should be, but may find it hard to know how to broach the subject. The following points may help you understand the supporting role.

<b>Time, discretion and Sensitivity</b>	Timing is vital - make sure you approach the individual when you know they will have the time and neither of you will be interrupted. Demonstrate discretion and reassure the individual of confidentiality. The individual may feel vulnerable, so show respect and be sensitive to their needs.
<b>Sincerity</b>	Demonstrate your concern for the individual but be careful not to appear condescending. Let them know you have their best interests in mind and that your intentions are genuine.
<b>Openness and Honesty</b>	Own what you say to them - don't relay a collection of "He said" and "She said". Stick to the facts. Be clear about what your concerns are and how you are able to offer support. Be realistic about your own limitations.
<b>Listen</b>	Allow the individual time to vent - by listening you might learn more about the illness and how it affects this particular person. This will allow the individual to let off steam and they may feel less isolated or alone with their problems. Never make assumptions - if you are not clear about what they meant ask for clarification. They will also recognise your interest is genuine and that you are there to help.

<b>Non-judgemental</b>	Try to avoid appearing critical about the individual. If you are uncomfortable about something the individual has said or done, say so - "When you do that or say that I feel uncomfortable . . . or concerned . . . or confused".
<b>Gain knowledge</b>	If you know what the individual's illness is, read up on it. It might even be appropriate (depending on your relationship with the individual) to ask them to describe their illness to you.
<b>Know your limitations</b>	Whilst you want to support the individual it does not mean you are responsible for curing them. Know your own limitations and recommend additional support such as welfare, their GP, counselling (EAP), occupational health (see paragraph 3). Reassure them that you will continue to support them as their colleague or manager.
<b>Know their limitations</b>	There may be times when an individual says they have difficulty doing or are unable to do something due to their illness. This is so with many medical conditions including mental illness. It might be they are dealing with additional pressures, perhaps their medication/treatment has been reviewed or perhaps they are experiencing a minor relapse. Explore what these particular limitations are and establish what adjustments, if any, are required.
<b>Behaviour</b>	From time to time the individual's behaviour may be influenced by their illness. It is helpful to check out this behaviour with them and reflect back to them how they appear without using critical language. Treat them as an adult and encourage them to acknowledge their behaviour and agree if you or others can be of support.
<b>Follow-up</b>	Agree an opportunity to catch up to review the situation or agree that they can approach you if they have further concerns.

### **3. What Support can the NICS Provide?**

#### **The role of the line manager**

- 3.1 Managers have an important role in minimising mental ill-health risks and in offering support to employees. They should ensure that they provide good communication to their staff, particularly where there are organisational and procedural changes. They should also be vigilant and offer additional support to a member of staff who is experiencing stress outside work eg bereavement or separation. Advise staff to seek professional help and advice.
- 3.2 Line managers should also ensure that employees returning to work after a period of absence due to mental ill-health are handled in a sensitive and sympathetic manner. If the cause of the individual's illness had been due to specific work issues, the manager must ensure that these work-related issues are addressed before the individual resumes their duties.

#### **The role of Departmental HR**

- 3.3 Departmental HR will offer advice and support for line managers in dealing with instances of mental ill-health at work. They can liaise with line managers over return to work arrangements following a period of absence due to mental ill-health and help advise on rehabilitation of the employee.

#### **The role of the Occupational Health Service**

- 3.4 The NICS is fortunate in having a well developed Occupational Health Service. The OHS provides information on occupational health topics including mental illness. The OHS also will enable employees to access confidential medical support and information.
- 3.5 Where appropriate, the OHS can provide information on fitness for work, after an extended period of mental ill-health absence.

#### **The role of the Welfare Support Service**

- 3.6 The NICS Welfare Support Service offers specialist services to individuals through a cadre of Welfare Officers. The services available include liaising with personnel and management, and help with many of the external stressors such as life crises and life events. Welfare Officers may also alert personnel officers to mental illness cases within specific areas of Departments or Agencies and ensure that these cases are followed up through liaison with local management in order to determine any common cause and to provide supportive remedial help.

- 3.7 Welfare Officers will also keep in touch with employees who are absent because of mental ill-health and provide advice and support through the recovery period.

### **The Employee Assistance Programme**

- 3.8 The NICS has introduced a service wide Employee Assistance Programme (EAP). The programme provides all staff and their immediate family members with an independent, confidential and professional counselling service on a wide range of issues. This is complementary to the Welfare Service and existing policies and procedures and is an important additional resource to support staff.

### **The role of Trade Union Representatives**

- 3.9 Trade Union representatives will assist in encouraging members to seek help where appropriate, and help individuals to understand the policy.
- 3.10 Further sources of information are contained in Annex 1.

# Annex 1

## Sources of Further Information

### OHS

OHS provides a comprehensive occupational health service for the NICS. Advice on health, lifestyle and welfare can be found on the OHS website: [www.nicsohs.gov.uk](http://www.nicsohs.gov.uk)

### Welfare

The NICS Welfare Support Service can offer help and guidance to anyone affected by personal, domestic or work related problems. The Welfare Support Service can be contacted on 028 90547427 (Network Ext 47427) or via the confidential welfare mailbox at [welfare@nics.gov.uk](mailto:welfare@nics.gov.uk).

Website: <http://online.nigov.net/index/welfare.htm>

### Carecall (Employee Assistance Programme)

Carecall works with the NICS to enhance employee psychological wellbeing, improve performance & efficiency and reduce work related accidents, absenteeism, staff turnover & grievances. One of their core programmes is a counselling service, which is open to all staff.

Website: [www.carecallsolutions.com](http://www.carecallsolutions.com)

### NIPSA (Northern Ireland Public Service Alliance)

NIPSA can assist their members with advice and representation where required. Contact in the first instance should be made with the local NIPSA representative or Branch Secretary.

Website: [www.nipsa.org.uk](http://www.nipsa.org.uk)

### CALM

CALM is The Campaign against Living Miserably, for men aged 15-35.

Website: [www.thecalmzone.net](http://www.thecalmzone.net)

### Depression Alliance

Charity for sufferers of depression. Has a network of self-help groups.  
Phone: 0845 123 2320

Website: [www.depressionalliance.org](http://www.depressionalliance.org)

### Manic Depression Fellowship

A charity helping people with manic depression/bipolar disorder.  
Phone: 0845 634 0540

Website: [www.mdf.org.uk](http://www.mdf.org.uk)

## **Mind**

Promotes the views and needs of people with mental health problems.

Phone: 0845 766 0163

[Website: www.mind.org.uk](http://www.mind.org.uk)

## **No Panic**

Voluntary charity offering support for sufferers of panic attacks and OCD. Offers a course to help overcome your phobia/OCD. Includes a helpline.

Phone: 0808 808 0545

[Website: www.nopanic.org.uk](http://www.nopanic.org.uk)

## **Rethink**

Support and advice for people living with mental illness.

Phone: 020 8974 6814

[Website: www.rethink.org](http://www.rethink.org)

## **Samaritans**

Confidential support for people experiencing feelings of distress or despair.

Phone: 08457 90 90 90 (24-hour helpline)

[Website: www.samaritans.org.uk](http://www.samaritans.org.uk)

## **Sane**

Charity offering support and carrying out research into mental illness.

Phone: 0845 767 8000 (daily, 1pm-11pm)

SANEmail email: sanemail@org.uk

[Website: www.sane.org.uk](http://www.sane.org.uk)

## **The Mental Health Foundation**

Provides information and support for everyone with mental health problems or learning disabilities.

Phone: 020 7802 0300

[Website: www.mentalhealth.org.uk](http://www.mentalhealth.org.uk)

## **Northern Ireland Association for Mental Health**

Central Office, 80 University Street, Belfast BT7 1HE

[Website: www.niamh.co.uk](http://www.niamh.co.uk)

## **Mindful Employer**

[Website: www.mindfulemployer.net](http://www.mindfulemployer.net)